



OFFICE OF  
GARY SIMPSON


# KITSAP COUNTY SHERIFF

614 DIVISION ST. MS-37 • PORT ORCHARD, WASHINGTON 98366 • (360) 337-7101 • FAX (360) 337-4923

November 7, 2017



Correct Care Solutions  
1283 Murfreesboro Road, Suite 500  
Nashville, TN 37210

Via email: 

Re: Contract Compliance Issues

Dear :

The credibility and risk to my office is contingent upon all agency personnel and service providers to be collaboratively in sync and vigilant in all aspects of our assigned duties and responsibilities. This includes all facets of risk assessment and management of the citizens we are charged to protect and serve while they are incarcerated in the Kitsap County Corrections Facility.

Our mission is *"to provide quality public safety services in partnership with our diverse communities"*. Our mission, expectations and moral and legal obligations includes our citizens, social service providers, other law enforcement agencies and those who we contract with to assist in completing our mission. This means I expect Correct Care Solutions (CCS) to be committed to our mission too.

In light of recent events and questions I have been asking our staff, I am finding the more I learn, the more questions arise regarding our partnership and relationship with CCS. This brings me to the litany of questions and concerns listed below.

With the resignation of the Health Services Administrator, I am hopeful in renewing a positive and professional working relationship with CCS. My concerns with the lack of transparency and understanding in what is or is not occurring in our facility has precipitated my request to replace this essential position with a competent and trustworthy individual. The leadership skills and core competencies of this individual must be impeccable if I am to be assured the level of services in our jail are to be provided as expected and needed. It is paramount this position is expeditiously replaced with the right individual to manage CCS operations while keeping our risks and needs in the forefront as delineated within current contract.



I am submitting a request and expectation for assurance from CCS regarding a variety of issues of compliance with contract KC-306-07. Based on CCS's request for price increase, our review of the contract, recent questions raised regarding contract compliance, and my personal concerns regarding the level of service currently provided, I am requesting that CCS provide a written response to the areas of concerns identified below.

**A. Staffing Concerns**

1. Staffing Matrix. Please provide a current staffing matrix and a proposed staffing matrix to include the proposed additional positions. A copy of the staffing schedule for all health care staff is required to be posted in designated areas and submitted to the Director of the Kitsap County Sheriff's Office Jail (KCSOJ) on a weekly basis, with updates regarding changes provided. See RFP 4.8. CCS has not been complying with this contract requirement.
2. Staff Position Credit. Please explain why CCS is not complying with the requirement that it credit KCSOJ for the actual costs of service hours not provided by any medical staff position after 30 days from the initial date of non-service, with any positions not filled to constitute an immediate discount. See RFP 4.8 (h)
3. Personnel. Please explain why CCS has been unable to provide "fully qualified professional healthcare employee staff to deliver correctional health care services" under this contract, as it "experiences very little staff attrition". See Proposal pg. 24, 28. Please also explain what efforts CCS has used to "aggressively avoid vacant positions at all costs." See Proposal pg. 28.
4. Background Investigations. Please explain why CCS is not providing KCSOJ complete background packets on each employee applicant prior to employment and admission into jail. See RFP 4.8 (i). In addition, Agency staff used by CCS are also to go through a background investigation. See Response to RFP pg. 28.
5. Staffing Schedules. Please explain why CCS is not posting staffing schedules in designated areas and submitting them to the Chief of Corrections (or the equivalent) on a weekly basis, with updates regarding changes. See RFP 4.8 (g).
6. Assignment Schedule of Staff/Service Providers and Report. Please provide a current assignment schedule of staff and other regular services providers for approval by the KCSOJ Senior Management. This shall include the positions, and statistics regarding compliance and/or exceptions. See Proposal pg. 68.
7. Health Services Administrator. Please immediately remove the current Health Services Administrator, [REDACTED], from her position with the KCSOJ as the County has good cause to question her veracity and ability to effectively supervise and manage staff. Please advise who will be replacing [REDACTED] the date the replacement is to occur, and his/her the qualifications.

## **B. Healthcare Services and Standards**

1. Inmate Histories/Physical within 14 Days of Admission. Please explain why the inmate histories and physicals are not occurring within 14 days of Admission, with a current backlog of approximately 300 inmates. See RFP 4.8 (d)
2. Annual Health Care Plan/Evaluations. Please provide copies of the health care plan and all annual evaluations of compliance conducted from 2007 to the present. See RFP 1.3
3. Monthly Report of Treatments. Please provide a copy of the written monthly reports of treatments provided to inmates from 2015 to the present. See Proposal pg. 71.
4. Standards. Please provide verification that the health care services program is in compliance with the standards established by the National Commission on Correctional Health Care (NCCCHC), American Correctional Association (ACA), and KCSOJ policies. See RFP 1.3
5. Accreditation. Please identify if the health services program has obtained accreditation. If not, what steps have been taken towards obtaining accreditation? See Addendum 1 to RFP.
6. Audits. Please provide a copy all audits conducted, including the “trial-run” audit performed by the outside consultant for the accreditation and certification. See Proposal pg. 14.
7. Medical Records. Under the base contract price, the vendor is to maintain medical and dental records (electronic and hardcopy) of each inmate on site and the KCSOJ Director or representatives are to have access to all records and documents on demand. See Response to RFP pg. 22. As this is part of the base contract price, please explain why KCSOJ is being assessed an additional \$1.75 fee per inmate per month?
8. Medical Records – Filing. Please explain why all medical notes, forms, reports, and other appropriate materials are not being filed in the inmate’s medical record within 24 hours of their creation or being received in the KCSOJ facility. See Proposal pg. 22.
9. Monthly Statistics. Please explain why CCS is not providing the Chief of Corrections (or designee) complete monthly statistics reflecting the previous month’s activities, which is to include but is not limited to:
  - Inmates’ requests for various services
  - Inmates seen at sick call
  - Inmates seen by the physician

- Inmates seen by psychologist/psychiatrist
  - Inmates seen by dental specialists
  - Inmates seen by mental health professionals
  - Off-site hospital admissions, emergency room visits, and ambulance trips
  - Medical specialty consultation referrals
  - In-take screenings conducted (See RFP 4.7)
  - Fourteen-day history and physical assessments
  - Total and percentage of inmate population dispensed medication
  - Inmates testing positive for venereal disease
  - Inmates testing positive for AIDS or AIDS antibodies
  - Inmates testing positive for TB
  - Inmates treated for venereal disease
  - Inmates treated for AIDS or AIDS antibodies
  - Inmates treated for TB
  - Inmate mortality
  - Number of hours worked by entire medical staff, specifying each post or shift
  - Other data deemed appropriate by the Chief of Corrections or designee. See RFP 4.7.
10. Daily Statistics. Please explain why CCS is not providing the Chief of Corrections (or designee) reports for the previous 24-hours, capturing the following data which is to be submitted on a daily basis prior to 9:00 a.m., to include:
- Transfers to off-site hospital emergency rooms
  - Communicable/infectious disease reporting
  - Suicide data (i.e., attempts and precautions taken)
  - Report of status of inmates in local hospitals
  - Staffing Report (vacancies, new hires, resignations, terminations, etc.)
  - Completed medical incident reports
  - Completed medical grievance reports
  - History and physical status report
11. CCS Annual Performance Reviews. Please provide the results of the annual performance reviews of all CCS employee from 2015 to the Present.

### **C. Reporting Requirements, Committees**

1. Comprehensive Annual Statistical Reports. Please provide a copy of the comprehensive annual statistical reports from 2007 to the present. See RFP 4.7.
2. Quality Assurance Requirements. Please provide copies of the regularly scheduled audits of inmate health care services with documentation of deficiencies and plans for correction of deficiencies from 2007 to the present.
3. Continuous Quality Improvement Committee. Please provide the status of the “ongoing” Continuing Quality Improvement Committee that was to be implemented by CCS. This

committee is intended to monitor the quality of inmate health services provided with discussions to include membership, activities and thresholds for evaluations, methods of data collection and correlation and development and assessment of corrective actions plans and results. This committee is supposed to meet quarterly and include the Health Services Administrator (HSA), Medical Director, Quality Assurance Director and the KCSOJ Director of Inmate Services, KCSOJ Health Supervisor, and KCSOJ Compliance Officer or their equivalents. See Proposal pg. 70.

4. Continuous Quality Assurance Program. Please provide the status of the Continuous Quality Assurance Program that is to occur at KCSOJ to address the quality of inmate health service, to include review of medical charts and discussions/recommendations regarding audits results and issues such as quality, appropriateness and continuity of care. This program is supposed to meet quarterly and include the HSA, Quality Assurance Director and the KCSOJ Director of Inmate Services, KCSOJ Health Supervisor, KCSOJ Director of Security and KCSOJ Compliance Officer or their equivalents. See Proposal pg. 70.
5. Medical Audit Committee. Please provide the status of the regular Medical Audit Committee which is to review medical records, as well as review, develop and implement policies and procedures governing operation of the medical program. Participants to include the HSA, Corporate Medical Director, Chief Operating Officer, Quality Assurance Director, Psychiatrist, and the KCSOJ Director of Inmate Services, KCSOJ Health Services Supervisor, and KCSOJ Compliance Officer or their equivalents. See Proposal pg. 70-71.
6. Pharmacy and Therapeutics Committee. Please provide the status of the Pharmacy and Therapeutics Committee, which is responsible for monitoring usage of pharmaceuticals, including psychotropic, and identifying prescribing patterns of the medical practitioners. This committee is to meet quarterly and include the HSA, Medical Director, Pharmacy Subcontractor Representative and the KCSOJ Health Services Supervisor. See Proposal pg. 71.
7. Quarterly Independent Pharmacy Review. Please provide a copy of the quarterly independent pharmacy review conducted by an independent consulting pharmacist from 2007 to the present. See Proposal pg. 71.
8. Medical Audit Committee. Please provide the status of the Medical Audit Committee. CCS is supposed to be meeting with the KCSOJ Director on a monthly basis, at minimum, to discuss the level and quality of healthcare services being provided and compliance with the contract documents and obligations. See Proposal pg. 71.
9. Special Needs Assessment. Please provide the status of the monthly review conducted by the Special Needs Assessment Committee which is to include the KCSOJ Director's staff. See Proposal pg. 71.

10. Multidisciplinary Quality Improvement Committee. Please provide the status of the Multidisciplinary Quality Improve Committee, which is to meet quarterly to set expectations, develop plans and implement procedures to assess and improve the quality of the organizations' governance, management, and clinical and support processes to improve patient outcomes. See Proposal pg. 71.

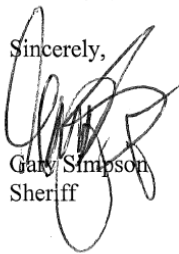
We are unable to address your request for contract extension or price increase without receipt of your response to the questions and requests set forth above.

Please provide your response by the aforementioned requests on or before December 8, 2017. Your response should include, where applicable, the timeline for compliance, rationale for the delays, and a corrective action plan to resolve all outstanding issues of noncompliance.

Failure to respond and provide adequate assurance by the date indicated above, may result in the County pursuing contractual remedies available for breach of contract(?). Furthermore, any such actions taken shall be included in the Contract file and would establish a derogatory record of Contractor performance, which may be detrimental to future contractual opportunities with the County.

I look forward to your response and assurances of a professional working relationship.

Sincerely,



Gary Simpson  
Sheriff